

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
08-564134

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1		1		1
3		2		1		1
4		①		1		1
5		①		1		1
6		①		1		1
7		①		②		①
8		①		②		②
9		①		②		②
10		①		①		②
11		①		②		②
12		①		②		②
13						②
14						②
15						②
16						②
17						②
18						②
19						②
20						②
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43						②
44						②
45						②
46						②
47						②
48						②
49						②
50						②
TOTAL IND.	1		1		1	
TOTAL DEP.		12		12		12
TOTAL CLAIMS	12		12		12	

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						